

# ED Transfer Communication Measure Overview

## Background

In 2003, CMS selected Stratis Health, the Medicare QIO for Minnesota, to lead a Special Study to identify and field test rural relevant hospital measures. Stratis Health led the study: *Refining and Field Testing a Relevant Set of Quality Measures for Rural Hospitals*, in partnership with the University of Minnesota Rural Health Research Center and HealthInsight, the QIO for Utah and Nevada. In the study, staff from 22 hospitals in three states (Minnesota, Utah, and Nevada) were trained by Stratis Health and its partners to collect a variety of inpatient, outpatient, and administrative measures of relevance to rural hospitals including, for the first time, the Emergency Department (ED) Transfer Communication Tool, which was developed for the study using the Continuity of Care Record (CCR). As part of the study, a national Technical Expert Panel provided input and insight on both the design of the study and the findings. The study's final report in 2005 stated in part:

“The transfer communication measure appears very promising. Pilot hospitals found it useful and relevant. Several hospitals have been inspired by the measurement process to improve their systems of transfer communications. In this study the measure only addressed transfers from the referring hospital's ED to the tertiary hospital. This measure's combination of administrative information, patient identification, and patient care information can also be applied to any transfer of care of admitted patients. Perhaps with minor modifications the transfer communication measure could be relevant to transfers to nursing homes and referrals to home health agencies.

Information on all 16 components of the measure is useful for hospital quality improvement. For external comparisons, a summary score such as the average number of components present may suffice.”

Subsequent to the CMS Special Study, the University of Minnesota successfully put the ED Transfer Communication Measure through the NQF (National Quality Forum) endorsement process in 2007. The measure is also now part of the HRSA Office of Rural Health Policy's (ORHP) Medicare Rural Hospital Flexibility Program (Flex) priorities in the Medicare Beneficiary Quality Improvement Project (MBQIP).

## Measure Overview

The National Quality Foundation (NQF) endorsed ED Transfer Communication Measure consists of a series of 27 sub-measures, reflecting 7 domains. Relevant measures reflect: (a) decision-making and protocol availability and their use in decisions about where to treat a patient; (b) processes for stabilizing and transporting patients; and (c) care integration with referral hospitals and other care delivery systems.

## ED Transfer Communication Measures

Category	Range of scale
<b>Pre-Transfer Communication Information</b>	<b>0-2</b>
Nurse communication with receiving hospital	
Physician communication with receiving physician	
<b>Patient Identification</b>	<b>0-6</b>
Name	
Address	
Age	
Gender	
Significant others contact information	
Insurance	
<b>Vital Signs</b>	<b>0-6</b>
Pulse	
Respiratory Rate	
Blood Pressure	
Oxygen Saturation	
Temperature	
Glasgow score (trauma or neuro patients)	
<b>Medication-related Information</b>	<b>0-3</b>
Medications Given	
Allergies	
Medications from home	
<b>Practitioner generated information (History and Physical)</b>	<b>0-2</b>
Physical exam, history of current event, chronic conditions	
Physician orders and plan	
<b>Nurse generated information</b>	<b>0-6</b>
Nurse documentation includes:	
Assessment/interventions/response	
Impairments	
Catheters	
Immobilizations	
Respiratory support	
Oral limitations	
<b>Procedures and tests</b>	<b>0-2</b>
Tests and procedures done	
Tests and procedure results sent	

Hospital results can be calculated using different methods:

- Calculate the 7 categories using an all-or-none approach which is simpler to report and provides a single score.
- Calculate a score on all 27 sub-categories for a “credit given when earned” approach. This approach helps define opportunities for improvement and inform strategies

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